
CONNECTIONS

A Guide for Faculty and
Staff in Identifying and
Supporting Students Who
Are Experiencing Difficulty

Campus Health Services, UOIT

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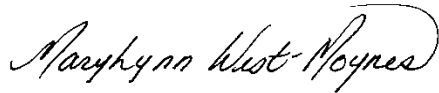
Message from the Vice-president, External Relations

The Campus Health Centre at UOIT is launching a mental health awareness campaign to support our students' success and retention. The recent advancement in mental health care, along with greater participation of students in higher education, has been associated with increased numbers of students with acute, chronic, and mental health needs.

CONNECTIONS: A Guide for Faculty and Staff in Identifying and Supporting Students Who Are Experiencing Difficulty is an expansion of a previously distributed booklet that was the result of a provincewide examination of researching best provincial practices and consultation with our campus stakeholders. This new guide includes information from the previous literature and provides an integrated and consistent approach to responding to students who may be dealing with mental health issues. You will quickly be able to access the principles and guidelines for dealing with a range of situations that may arise with students who are experiencing distress or significant mental health concerns.

The counsellors appreciate the concern faculty and staff have for the well-being of students, and places significant value on the role each and every faculty and staff play in identifying students who need assistance, responding to immediate situations and making referrals to our counselling services. A strong partnership between all areas of UOIT will result in an integrated service for our students academically, socially, physically and emotionally. If you have any suggestions or questions, please do not hesitate to contact me personally.

Wishing you a successful year,



MaryLynn West-Moynes
Vice-president, External Relations

August 2011

Message from the director, Health and Counselling Services

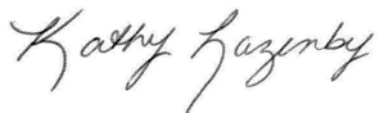
On August 2010, the Select Committee on Mental Health and Addictions provided to the Ontario Legislative Assembly a final report, navigating the journey to wellness: a comprehensive mental health and addictions action plan for Ontarians. The committee held public hearings where they heard testimony from more than 230 presenters from all regions of Ontario. More than 300 submissions were received, including written briefs, journal articles, and DVDs. The committee also went beyond traditional hearings venues and was graciously allowed to make site visits to mental health and addictions facilities as well as several First Nations communities. The stories and experiences greatly affected each member of the committee and laid the foundation for their recommendations.

In response to this report, on June 22, 2011 the McGuinty government released a [Comprehensive Mental Health and Addictions Strategy](#) (Ministry of Health and Long Term Care, 2011), which focuses on children and youth. One of the many investments to be made will include funding to academic institutions, helping more than 16,000 youth transitioning from secondary to post-secondary school by adding more mental health workers on campuses in colleges and universities.

In my role as the director of Health and Counselling services, our student services department, as well as in many other campuses throughout Ontario, we've witnessed a significant increase in the incidence in mental health issues. It is my hope that CONNECTIONS: A Guide for Faculty and Staff in Identifying and Supporting Students Who Are Experiencing Difficulty will offer an additional resource to assist each of you in your efforts to provide UOIT students with a memorable, supportive, and safe campus where they can pursue their educational and life goals.

I believe that the values of an organization are reflected in the actions it takes. By willingly identifying and responding to students in distress, we live the values of our institution and contribute to the future of our students.

I would like to acknowledge Amanda Cappon, mental health worker with the Health Services department, for her immense contribution to the content and processes documented throughout this guide. Her research and sample case studies have provided credibility to this document for staff and faculty.



Kathy Lazenby
Director, Health and Counselling Services
UOIT and Durham College
August 2011

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Purpose

CONNECTIONS is an important component of UOIT's Mental Health Awareness Campaign 2011-2012. In our efforts to promote positive mental health and assist students in reaching their fullest potential, this guide will facilitate a consistent and integrated approach for administration, faculty and support staff to refer to when responding to a student experiencing difficulties.

Faculty and staff are often in a position to identify students who are experiencing difficulty and distress. Recognizing signs of emotional distress and responding with interest and concern is a critical factor to helping students resolve problems that may interfere with their academic achievement.

The intention of CONNECTIONS is to assist faculty and staff in determining when a student is in distress, the urgency of the situation, and how to help.

Objectives

The specific objectives of this document are to:

- Ensure a consistent campuswide approach by communicating UOIT's roles and responsibilities in supporting students in distress and managing associated risks;
- Guide UOIT members in how to respond to certain circumstances by setting out protocols that support an integrated, collaborative and comprehensive approach;
- Facilitate appropriate referrals by describing the key student support services available;
- Raise awareness about mental health and educate and train members of the UOIT community to recognize, understand, and effectively respond to students in distress through a comprehensive awareness, education, and training strategy; and
- Address ongoing needs and emerging issues through a quality assurance and improvement process as noted in this document.

How to use CONNECTIONS

CONNECTIONS is organized according to topics:

Background: A concise overview of mental health needs of the campus. It outlines results of research with recommendations for training needs.

Protocols: Descriptions of specific guidelines to follow when responding to and assisting students in difficulty.

Support services: Descriptions of key on-campus student support services to contact for consultation about a student or to refer a student requiring specific support or information.

Background

In Ontario, currently one in five people will experience some form of mental illness in their lifetime. Those between the ages of 15 and 24 are most likely to experience illnesses such as mood disorders, depression, and anxiety. In fact, most first episodes of psychosis occur between the ages of 15 and 34 and suicide is the second highest cause of death in adolescents aged 15 to 19 years (Ministry of Health and Long Term Care, 2009). These statistics underline the unique challenge mental illness poses in the post-secondary education system. It is here, where the risk factor of age combines with the personal, social and academic pressures of campus life, making college and university students especially vulnerable.

A 2004 report, conducted by the University of Montreal and the Canadian Association for Mental Health, found that of the 6,000 undergraduate students surveyed across Canadian campuses, 29 per cent reported elevated levels of psychological distress, 47 per cent reported stress, 32 per cent reported worry and sleep loss, 31 per cent reported depression and 32 per cent reported hazardous drinking (Adlaf, Demers, & Glicksman, 2004). In 2005, the Canadian Counselling Centre Survey (Crozier & Willihnganz, 2005) reported a 92 per cent increase in students with severe psychological problems, 89 per cent increase in the severity of mental health issues and a 97 per cent increase in the number of counselling centre clients taking psychiatric medication in the past five years.

Within this context, the Campus Health Centre (CHC) issued a needs analysis on mental health services at UOIT and Durham College in September 2009 to each student affairs departments. Significant factors were identified as a result of this study, those being: stigma and a lack of awareness about mental health issues is creating significant challenges for both students and staff on campus; increased awareness and creating a culture of acceptance and trust is necessary to meet the needs of students in a timely and effective manner; and although meeting the needs of all students with mental health illnesses may not be possible, there should be a greater emphasis on expanding local community partnerships and increasing awareness and acceptance on campus.

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From this needs analysis, the vice-president of Student Affairs, Durham College, submitted to the leadership team of Durham College and UOIT a report entitled Mental Health on DC-UOIT Campus with eight recommendations for implementation on campus (Durham College and University of Ontario Institute of Technology Campus Health Centre, 2009).

From these recommendations CONNECTIONS: A Guide for Faculty and Staff in Identifying and Supporting Students Who Are Experiencing Difficulty, an extension of the original booklet has been produced.

*The **three 'R's** describe the three basic steps involved:*

***Recognize** signs of distress*

***Respond** in a caring and non-judgmental way*

***Refer** to the appropriate services as required*

Protocols

All members of the UOIT community play an important role in supporting students in distress. It is important to understand our roles and responsibilities, and those of others. Together we are a team where no one person is expected to address all levels of concern a student may have. Persons with special training are available to assist students, faculty, and staff members. The Support Services section provides information on the supports available to you and your students.

The following protocols outline the steps to be taken when encountering students who are experiencing distress and who may require a referral to specialized service.

Recognizing a student in distress

Students typically experience university life as a time of significant transition and adjustment. Stress arising from this period of change may be due to academic, social, financial, work, family, or institutional nature. At times, stress can become so severe that it poses a threat to academic progress.

Many will have temporary setbacks or special needs, which can be surmounted if they access the necessary resources. However, when stressors accumulate, an unexpected crisis occurs or coping strategies and support systems are insufficient to support students through these times, students exhibit signs that they are in trouble and help is needed.

A student may come to your attention numerous ways. The student may disclose something that is troubling them or there may be noticeable changes in the student's mood, habits, performance, or behaviour.

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Warning signs that a student's normal coping strategies are not working may include the following:

- A sudden drop in grades;
- Withdrawal from academic work, absence from classes, missed or incomplete assignments;
- Withdrawal from usual social interactions including friends and classmates or sports or organizations the student is usually involved in;
- Loss of interest, lack of energy or difficulty concentrating.

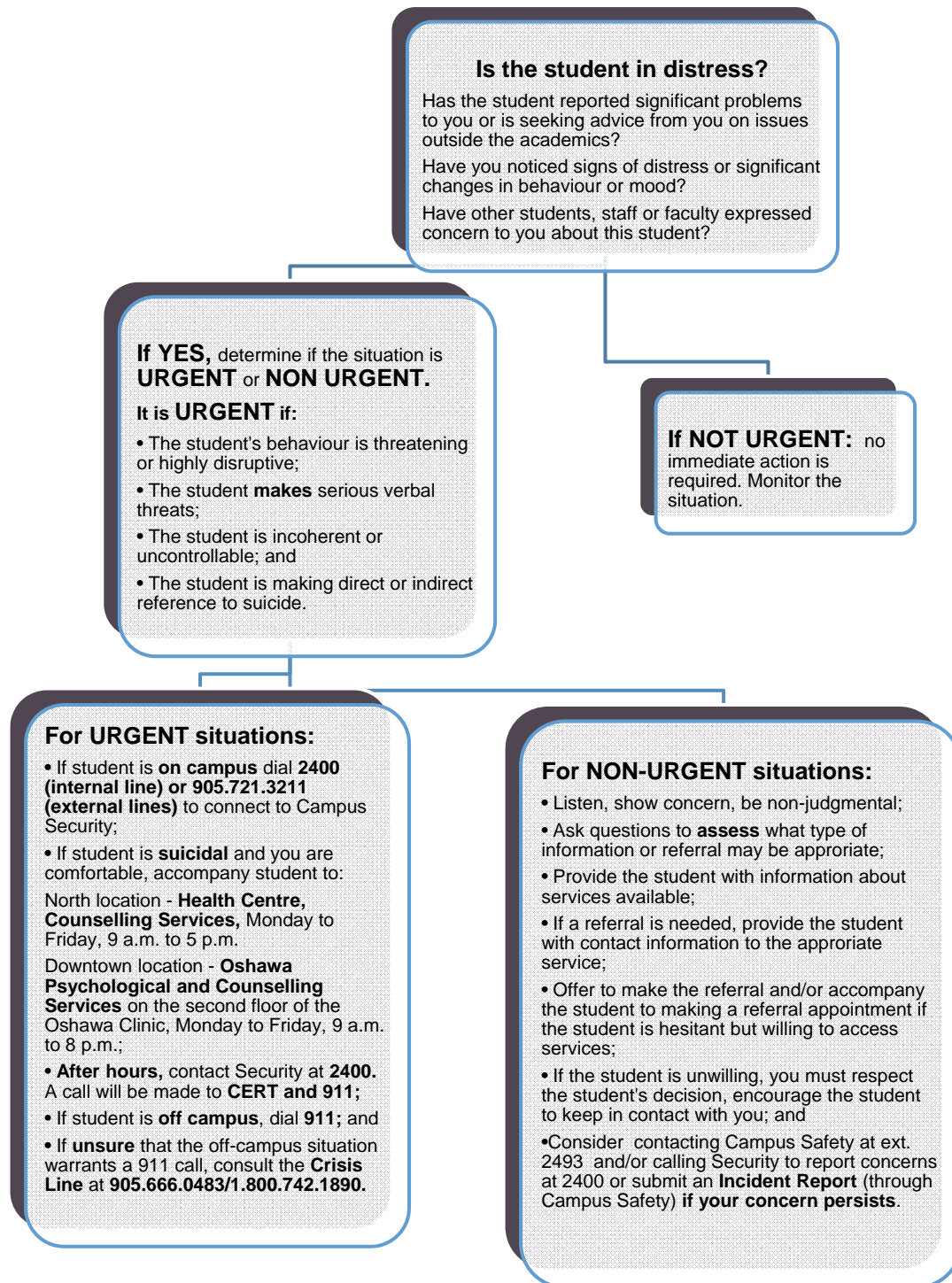
More advanced signs a student may be in crisis:

- Sharing personal problems with you;
- Disruptive or unusual behaviour, aggressiveness, emotional outbursts or crying;
- A decrease or increase in appetite or excessive weight gain/loss;
- Illogical or confused thinking or writing; and
- Increased use of alcohol or recreational drugs.

Figure 1 outlines the general protocol for identifying and assisting students in distress. If you have reason to believe a student is in distress, you should assess the situation and determine:

- If the student is having significant difficulties;
- What those difficulties are;
- If the situation is urgent;
- If not urgent, is the student receiving help and where; and
- If not receiving help, is the student willing to get help now.

Figure 1: General protocol for identifying and assisting students in distress



Assessing the need for referral and the urgency of the situation will usually mean meeting with the student and enquiring about the student's situation. When meeting with a student the following suggestions can help you and the student feel comfortable and determine what, if any, further action is needed.

If the meeting has been scheduled, ensure that there is sufficient time to address the issues and that the meeting is held in private without interruption. If the meeting is unscheduled and there is not enough time to address the issues, determine if the situation is urgent or non-urgent. Follow the protocol for urgent situations ([see Figure 1](#)). Otherwise, reschedule the appointment as soon as possible and communicate your concern and interest in meeting with the student.

You are not expected nor should you try to solve the student's issue(s) unless explicitly trained to provide counselling. The objective of the meeting is to show support, determine what problem exists, and then assist the student in receiving appropriate help.

We do recognize that members of our faculty and support staff may have different levels of expertise and comfort in these situations. It is also acknowledged that different relationships will exist between the student and the person concerned about the student's welfare. It is especially important for staff members to maintain appropriate boundaries during these potentially stressful encounters. You are encouraged to consult with the director of Health and Counselling Services or a Counselling department staff directly if you are unsure about how to proceed or if you assess that the situation is beyond your level of comfort or expertise.

When an appointment to meet with the student is not possible, i.e., the student may refuse or schedules interfere, and the concern does not diminish, an **Incident Report** form available from the Office of Campus Safety is to be submitted. This report initiates review by the Office of Campus Safety with collaboration of the Counselling departments and process of monitoring and/or assessing the student for signs that he/she may be at risk then begins.

Faculty or staff members should document whatever action is taken and are expected to keep their deans/directors informed of any situation involving a student in distress.

Meeting with students

Adapted from Carleton University's 2009 Mental Health Framework document (Carleton University, Office of the Associate Vice President, Student Services, 2010)

Listen to the student in private when both of you have the time. Give the student your patient, undivided attention and let them talk with minimal interruption. Many times a few minutes of helpful listening are enough to help the student. If the student appears very agitated or if there is a safety concern, it is best to ask a colleague to be present when you meet with the student, and not meet alone with the student.

Acknowledge the student's thoughts and feelings in a sensitive, compassionate way. Let the student know you understand what they are trying to communicate by reflecting back what they have said. ("It sounds like you're not used to such a big campus and you're feeling left out of things.")

Express concern without making assumptions about the student. Be specific about the behaviour that gives you cause for concern. For example, "I've noticed you've been absent from class lately and I'm concerned," rather than "Where have you been lately?" or "You should be more concerned about your grades."

Offer hope by reassuring the student things can get better. Assist them to realize they have options and resources, and that things will not always seem hopeless.

Have an open worldview. Remember that for students from different cultures or religions there are differences in communication styles, experiences with living independently, help-seeking, comfort with referral to counselling, etc. Students may find it difficult to admit to problems and present them in an indirect way. It is better to respond to stated concerns while actively listening and observing for others, which may be more difficult for the student to express.

Ensure your own personal safety. Always remember your own safety in crisis situations. Be sure to face the student with the presenting issue(s), having your back to the exit for quick access if required. Maintain an open posture with hands visible to be less threatening to the student in distress. Remember to contact Security at ext. 2400 if necessary.

When a problem is urgent

The following situations are considered **urgent** and **require immediate action**:

- When behaviour threatens the safety of self or others; destroys property or is creating disruption for those around;
- When the student makes serious verbal threats;
- When the student makes direct or indirect reference to suicide (e.g., written note, giving away valued personal possessions, etc.); and/or
- When the student is incoherent, out of control and does not respond to your direction.

In each of these situations, contact security at ext. 2400 from any campus phone.

In cases where the student is suicidal and the person in charge feels comfortable, you can accompany the student to the Health Centre to meet with a member of the Counselling department during the operating hours of Monday to Friday 9 a.m. to 5 p.m. We encourage you and the student to be accompanied by security personnel when possible. If the student is studying downtown, you can accompany the student to Oshawa Psychological and Counselling Services located on the second floor of the Oshawa Clinic. Operating hours are Monday to Friday 9 a.m. to 8 p.m.

If the student is **off-campus**, the person in charge should dial 911. If there is a question of whether this is a situation that requires a 911 call, a call can be made to Durham Mental Health Services Crisis Line at 1.800.742.1890/905.666.0483. ([See Figure 1](#))

In those situations where the staff or faculty member contacts the Crisis Line because the student is off-campus and is advised there is no immediate action required, the staff or faculty should follow the protocol for non-urgent situations ([see Figure 1](#)). The Office of Campus Safety and the department head (dean) should be kept informed.

There may be situations where a student in serious distress requires an emergency psychiatric assessment. If this occurs, the protocol for urgent situations should be followed.

A physician is the only person that can order an emergency psychiatric assessment called a Form 1. A Form 1 makes certain a student will be taken to the hospital by ambulance and seen on an immediate basis. A Form 1 does not guarantee a student will be seen by a psychiatrist or be seen in a psychiatric facility. A student may be seen in the emergency room by the emergency physician and then released. Many students sent on a Form 1 are assessed and released within six to eight hours and will continue to display the same symptoms, which can be upsetting to those offering assistance. It can take many interventions before visible improvement is noticed in the student.

When a problem is not urgent

You are encouraged to help the student make the referral to the appropriate services available within the campus and, if the student is willing, this can be done for him/her and in the presence of the student. You can also accompany the student to the service to book an appointment. **In cases of emergency, assisting the student takes priority over other duties.**

In the case of assistance provided by the Health Centre, Counselling department and Oshawa Psychological and Counselling Services for students studying downtown, students are reassured when told the services are confidential and covered by their student fees and health plans.

After-hours help

Sometimes you may have a student in distress after regular business hours (Monday to Friday 9 a.m. to 5 p.m.) who does not require emergency service but does appear to be in distress.

The following protocol should be followed in these situations.

Protocol for after-hours counselling services

(After hours is defined as when the Health Centre and Counselling department are closed.)

In these cases, you can provide the number of **Durham Mental Health Crisis Services** at **905.666.0483** or **1.800.742.1890** for the student to access.

They are available 24 hours a day and will speak directly with you or the student requiring assistance.

If you assess the situation as **urgent**, follow **Figure 1 - General protocol for identifying and assisting students in distress.**

If a student rejects help

Despite all efforts to assist a student, the student may be reluctant to accept and may refuse your assistance. In these cases, the student's right to refuse assistance must be respected. Even for students under the age of 18, if the student understands the nature of the help being offered, he/she has the legal right to refuse help. The only exception is when the situation is assessed as urgent as described previously.

If the student rejects your assistance, provide the opportunity to the student to access your assistance later. A student's refusal to go ahead with a recommended referral (i.e. offer the student to follow up with counselling services) should be documented. An Incident Report can be submitted to the Office of Campus Safety if your concerns remain and a report had not already been submitted.

Follow-up

Meeting with students, assessing their concerns, providing information and referring them to services on campus is an important step in empowering the student to address the problems they are experiencing that leads to their distress. If you refer a student to services at either UOIT location, the following guidelines will make certain that students get the help they need.

Healthy limits

When assisting students experiencing difficulty, it is important to know your limits as a helper. Like the students we help and support, we each have our own unique experiences and attitudes regarding mental health.

It is common to experience your own wide range of emotions when a student singles you out for help, rejects your help or threatens you. These feelings

Referral follow-up protocol

After a referral is made you are encouraged to follow up with the student to see if they have connected with the resources/services you recommended to them.

If the student has not followed through you may want to remind them that your door is always open if they reconsider or need additional help or support. The purpose of this is to monitor whether or not the situation becomes urgent in which case immediate action should be taken (See Figure 1 When a problem is urgent). Many times the student will feel more comfortable talking with a trusted faculty or staff member than looking for the professional help they require. Staff and faculty are reminded that their goal is to have the student take responsibility for their problem and get the help they need.

If problems or warning signs persist, contact the director of Health Services at ext. 3038 for students studying at the north Oshawa campus location, or Oshawa Psychological and Counselling Services for students studying downtown 905.721.7723. When a student is dealing with a crisis or emotional problem, it can take a considerable amount of time before improvement is seen and the problem is resolved.

can range from a deep sense of satisfaction, concern or significant anxiety. We can feel a deep sense of frustration also when having referred a student and their progress is slow or the student continues to experience distress.

It is important to recognize that you are not alone. Talking to colleagues or the staff in one of the student experience support services can help to reassure you that you have played your part in assisting the student. If you experience exhaustion, sadness, worry, trouble sleeping or experience increased irritability, consider seeking support and counsel. Free confidential help is provided to you through our **Employee Assistance Program offered by Shepell.fgi at 1.800.363.3872.**

Everyone's health and wellness is all our concern.

Communication, confidentiality, and documentation

When we deal with issues of privacy of a student in distress, we must comply with two legislative regimes - the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA).

UOIT is committed to protecting the privacy of those who both study and work here. In saying this, the collection, storage, utilization and dissemination of personal information concerning members of the campus community are necessary to ensure that any decision-making practices are based on accurate information. Information gathered must be used appropriately and the privacy of the individual is not to be used inappropriately or compromised by disclosure of personal information to third parties without proper approvals.

Both FIPPA and PHIPA stipulate that personal information about individuals may not be disclosed to persons outside the campus community without consent of the individual to whom the information relates.

Nonetheless, this does not preclude us from acting to protect students in an emergency. In her recent position paper on this subject, Ontario's Information and Privacy Commissioner, states:

In emergency situations, privacy laws in Ontario...do not prohibit universities, colleges or other educational institutions from responsibly disclosing a student's personal information, including information regarding their mental, emotional or other health conditions, to parents or others who may be able to help in a crisis. (Office of the Information and Privacy Commissioner of Ontario; Office of Information and Privacy Commissioner for British Columbia, 2008)

Bill 168

Bill 168 (which amends the *Occupational Health and Safety Act* (OHSA) to require worker protection from violence and harassment in the workplace came into effect June 15, 2010. For some years now, the Ministry of Labour has taken the position that the general duty under the OSHA on employers to

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take every precaution reasonable in the circumstances to protect the health and safety of workers includes taking reasonable precautions to prevent workplace violence.

Accordingly, Bill 168 imposes new and expressed obligations on the employers. Therefore, personal information regarding a student or third party (in the cases in this document) can be disclosed to the employer when there is a person with a violent history.

The safety of our employees within the workplace is a priority we balance with the right to confidentiality of others.

According to Hicks Morley, Human Resources Law and Advocacy, a paper they have produced, entitled Preventing Workplace Violence and Bill 168-A Guide for Employers (2010) outlines when your employer can disclose information to their employee(s) regarding people with a violent history in the following statement:

Employers are required to provide information, including personal information, to workers about a person with a history of violent behaviour if:

- 1. The worker can be expected to encounter that person in the course of his or her work.*
- 2. The risk of workplace violence is likely to expose the worker to physical injury.*

The employer is only permitted to disclose the amount of personal information reasonably necessary to protect workers from physical injury. Bill 168 does not define 'a history of violent behaviour'. However, there is no reason why a single incident could not institute a history of violent behaviour. (Hicks Morley, 2010)

Support services

This section describes the roles and responsibilities of a number of key services within UOIT which can assist in identification and support of those students of concern. Selected external services, which will partner with UOIT around students in distress, are also identified.

Campus Health Centre – North Oshawa campus location

Health services

During medical clinic operating hours, medical professionals include nurses and physicians, which are available on a walk-in basis or by appointment. If non-urgent, booking an appointment ensures adequate time will be available for the visit. Health Services is open Monday to Friday from 9 a.m. to 5 p.m.

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Counselling department

The Counselling department is comprised of an interdisciplinary staff comprised of a psychiatric nurse, mental health worker and counsellor working in collaboration with the Campus Health Centre medical clinic staff. Confidential consultations and appointments are available Monday to Friday from 8:30 a.m. to 6 p.m. Health and counselling services are the on-campus resources for referring students for mental health counselling.

When a student is in significant distress but the situation is not life threatening, the student can usually obtain an appointment the same day. Similarly, faculty and staff can request same-day consultations with the director of Health Services if they have significant concerns about a student.

Once the Campus Health Centre has consulted with a student, it is bound by legislation around confidentiality. Thus, whether a student has followed a staff or faculty's recommendation to seek counselling, or what the nature of the counselling is, remains strictly confidential. However, staff and faculty are encouraged to follow up with students to ascertain whether they sought help. Where a staff or faculty member continues to have concerns about the student, they are encouraged to keep Health Services informed of the student's condition.

Health and Counselling Services – downtown Oshawa campus location

Oshawa Clinic

117 King Street East, Oshawa
905.723.8551

The Oshawa Clinic provides acute care on a walk-in basis. The Urgent Care Clinic within the Oshawa Clinic is not intended to provide emergency medical services, but is equipped and ready to handle emergency situations in the event that such care is needed. Services are open Monday to Friday from 9 a.m. to 8 p.m., Saturdays from 9 a.m. to 5 p.m. and Sundays from 11 a.m. to 5 p.m.

Counselling – Oshawa Psychological and Counselling Services

905.721.7723

Oshawa Psychological and Counselling Services provides counselling to students studying downtown on an urgent same-day basis and by appointment. These services are provided at the Oshawa Clinic located at 117 King Street East in Oshawa. Counselling services are available at no cost to students for up to six visits. An individual plan is developed for students requiring additional appointments to ensure that they can access counselling

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through their medical plan or other UOIT services. Confidential consultations and appointments are available Monday to Friday from 9 a.m. to 8 p.m.

Once the Oshawa Psychological and Counselling Services has consulted with a student, it is bound by legislation around confidentiality. Thus, whether a student has followed a staff or faculty's recommendation to seek counselling or what the nature of the counselling is remains strictly confidential. However, staff and faculty are encouraged to follow up with students to ascertain whether they sought help. Where a staff or faculty member continues to have concerns about the student, they are encouraged to keep Oshawa Psychological and Counselling Services 905.721.7723 informed of the student's condition.

Community partners within the Campus Health Centre

The Campus Health Centre at the north Oshawa location houses several community agencies, which are available to the student by referral from a faculty or staff member, or a student self refers, are a group of community agencies who provide services on site.

Pinewood Centre (Lakeridge Health) provides education and programming for alcohol, drug, and gambling treatment.

Oshawa Psychological Services provides psychological services to students and some crisis counselling.

Durham Rape Crisis Centre provides support services for sexual assault and childhood sexual abuse and sexually assaulted women.

Office of Campus Safety

The role of the Office of Campus Safety is to enhance the personal safety of the campus community and provide security for all campus facilities. As the first point of contact on campus, campus security officers play an important role in situations requiring immediate referral, specifically where there are threats to another's safety, situations where there is significant disruptive behaviour, or where an individual makes a direct or indirect reference to suicide.

The Office of Campus Safety along with officers of Parking Services work together to address the needs of the community for personal safety, protection of property and parking provision. In the event of a major incident the department produces safety alerts for the UOIT community in the form of posters and electronically.

To contact security internally call ext. 2400 and externally at 905.721.3211.

Useful websites and links

British Columbia Ministry of Children and Family Development:

http://www.mcf.gov.bc.ca/suicide_prevention/at_a_glance.htm

Canadian Mental Health Association: <http://cmha.ca/bins/index.asp>

Centre for Addiction and Mental Health: <http://camh.net/>

Check Up from the Neck Up: <http://checkupfromtheneckup.ca/>

Durham Mental Health Services: <http://www.dmhs.ca/>

Mindsight: <http://innovation.uoit.ca/mindsight/introStigma/board.html>

Ontario Ministry of Community and Social Services:

<http://www.mcscs.gov.on.ca/index.aspx>

Ontario Ministry of Health and Long-Term Care: <http://www.health.gov.on.ca/>

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Appendix 1: Case studies

Case study 1

You are in your last month of working with a class of students. You have a student in one class named Larissa. Larissa is known to stick with a close group of friends in class. She receives average grades. There have been a few minor incidences in previous classes in which she left your classroom in the middle of a lecture and would not return that day.

One day during break mid lecture, you see a few of Larissa's friends abruptly get up and surround her. You work your way through the crowd to assess the situation. Larissa's head is down on the desk with her hands covering her face. She appears to be perspiring and breathing heavily. You attempt to speak to her. Larissa stays in position with her head covered and says "go away, leave me alone....please leave me alone."

Please refer to the algorithm in your CONNECTIONS booklet.

- a) Is the student in distress?
 - a. **Yes**
 - b. You are evidently able to observe Larissa is either in a state of panic or suffering a major health concern.
- b) **If yes**, determine if the situation is **urgent** or **non-urgent**
 - a. One of Larissa's friends tells you that this happens often with Larissa. She tells you Larissa has panic disorder. To err on the side of caution this situation is deemed **urgent**.

Recommended course of action:

1. If possible, assist Larissa with moving to a quieter place, or encourage other students to leave the room to create quiet. Do not leave her alone.
2. Contact security at ext. 2400. Explain the situation in as much detail as possible.
3. Stay with Larissa. Encourage slow, relaxed breathing. Be sure to listen without judgment. Assure her you will stay with her until emergency services arrive.

Case study 2

As a writing specialist, you have been working with a quiet, intense student named Andrew for nearly a year. Over that time, his creative writing assignments have become increasingly imaginative but decreasingly lucid. Some of the more intensely graphic imagery in his work had been disturbing to you, to the point where you shared an anonymous excerpt with your supervisor for feedback.

The supervisor agreed that the incoherence and bizarre nature of the imagery in the student's work was worrying him as well.

Please refer to the algorithm in your CONNECTIONS booklet.

- a) Is the student in distress?
 - a. **No**
 - b. There are no immediate concerns. The staff member has already taken appropriate steps sharing with her supervisor. Please refer to below for course of action.

Recommended course of action:

1. Consult with someone in the counselling department and/or the Office of Campus Safety.
2. Please note that it is very important to address this concern with the Office of Campus Safety depending on the nature of the imagery. Students often express themselves through creative methods. This could be an indicator of inappropriate behavior that may require support.

Case study 3

You are six weeks into the semester. You have observed on several occasions Tim, an international student, is being isolated amongst his peers. On occasion you observe him reading his laptop screen followed by an upset facial response. He has gotten up and left the classroom on occasion. You've noticed his grades have declined since the first few weeks of class. He often shows up for class physically unkempt.

One day, during lecture, you walk by and catch a glimpse of a rude image sent to Tim by who you know to be another student in the class. You see his

reaction is upset; the group of peers snicker quietly. He gets up abruptly, packs his items and leaves the classroom.

Please refer to the algorithm in your Connections booklet.

- a) Is the student in distress?
 - a. **Yes**
 - b. The student has had noticeable changes in mood and behaviour.
- b) **If yes**, determine if the situation is **urgent** or **non-urgent**.
 - a. This situation is **non-urgent**.

Recommended course of action:

1. Please **do not** ignore this situation. The student is being bullied by other students. It is important the bullying students are held accountable for their actions.
2. Wait until end of class or class break. Directly address your observations with the students who are bullying Tim.

Be sure to address Tim with your concerns next time you see him. Let him know that this is bullying, an unjust act. Encourage him to follow-up with the Campus Health Centre–Counselling department if he is studying at the north Oshawa campus location and Oshawa Psychological and Counselling Services if he is studying downtown.